


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

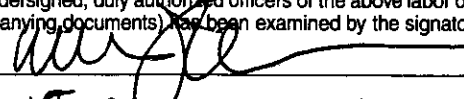
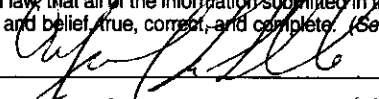
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER  006-136	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 09 30 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:  (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <b>X</b>  (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME PRODUCTION SVC + SALES DISTRICT COUNCIL		8. MAILING ADDRESS (Type or print in capital letters.) First Name WILLIAM Last Name DOMINI P.O. Box • Building and Room Number (if any)  Number and Street 9201 4TH AVENUE City BROOKLYN State ZIP Code + 4 NY 11209 -	
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 222-S	
7. UNIT NAME (if any) UFCW AFL-CIO			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes <b>X</b> No	

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	Description
11	PROD. SERVICE + SALES DISTRICT COUNCIL HEALTH FD #11-1889115
11	PROD. SERVICE + SALES DISTRICT COUNCIL PENSION FD #11-2006994
14	ABE STEINBERG - CPA - 50 MERRICK RD. ROCKVILLE CTR. NY. 11570
24	PENSION WITHDRAWAL LIABILITY - UNDER ERISA - \$55,757 - QUARTERLY PAYMENTS OF \$1,434
24	AS PART OF THE MERGER - THE EXECUTIVE BOARD AND MEMBERSHIP OF LOCAL 422-S - PSS DC VOTED TO ASSURE PART OF BACK PERIODS PER CAPITA TAXES OF LOCAL 222-S IN THE AMT OF \$1,622,042

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  01/15/03 (718) 491-7400 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  01/16/03 (718) 491-4700 Date Telephone Number	TREASURER (If other title see instructions)
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## During the Reporting Period Did Your Organization:

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 742
19. What is the date of your organization's next regular election of officers? N/A MO YEAR
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 40 000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 17 <sup>00</sup> - 28 <sup>50</sup> per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 25 - 100
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 006-136

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
<b>ASSETS</b>	25. Cash .....		16 150	22 671
	26. Accounts Receivable .....		0	0
	27. Loans Receivable .....	1	0	0
	28. U.S. Treasury Securities .....		0	0
	29. Investments .....	2	0	0
	30. Fixed Assets .....	5	0	0
	31. Other Assets .....	3	0	16
	32. TOTAL ASSETS .....		16 150	22 687
<b>LIABILITIES</b>	33. Accounts Payable .....		0	0
	34. Loans Payable .....	8	0	0
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....	4	6 285	6 105
	37. TOTAL LIABILITIES .....		6 285	6 105
	38. NET ASSETS (Item 32 less Item 37) .....		9 865	16 582

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 006-136

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			192,517	56. To Officers .....	9		81,834
40. Per Capita Tax .....			0	57. To Employees .....	10		
41. Fees .....			0	58. Per Capita Tax .....			20,196
42. Fines .....			0	59. Fees, Fines, Assessments, etc. ....			
43. Assessments .....			0	60. Office & Administrative Expense ....	13		8,790
44. Work Permits .....			0	61. Educational & Publicity Expense ...			
45. Sale of Supplies .....			0	62. Professional Fees .....			9,936
46. Interest .....			0	63. Benefits .....	11		20,229
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		110
48. Rents .....			0	65. Supplies for Resale .....			
49. Sale of Investments & Fixed Assets .....	6		0	66. Direct Taxes .....			8,164
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			22,815
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		
52. On Behalf of Affiliates for Transmittal to Them .....			2,200	69. Loans Made .....	1		
53. From Members for Disbursement on Their Behalf .....				70. Repayment of Loans Obtained .....	8		
54. Other Receipts .....	14		370	71. To Affiliates of Funds Collected on Their Behalf .....			2,488
				72. On Behalf of Individual Members ...			
				73. Other Disbursements .....	15		14,004
55. TOTAL RECEIPTS .....			195,087	74. TOTAL DISBURSEMENTS .....			188,566

FILE NUMBER: 006-136

**SCHEDULE 1 — LOANS RECEIVABLE**Form LM-2 (Revised 2000)

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 006-136

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. EXCHANGE-INSURANCE RECEIV.	16
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	16
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. DUE TO UFCW PENSION FUND	5107
2. DUE TO PSSDC PENSION FUND	224
3. MISCELL EXPENSES - ADJUSTED	174
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6105
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 006-136

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			0	

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	0

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 006-136

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases 0	
Enter the Total from Line 8 in ..... ↑ Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					0
Enter the Totals from Line 6 in ..... ↑ Item 34 ..... ↑ Item 50 ..... ↑ Item 70 ..... ↑ Item 75 ..... ↑ Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006-136

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. RIVERA Title PRESIDENT	EDWARD Status P	44723	0	0	1451	46174
2. DOMINI Title PRESIDENT	WILLIAM Status C	57300	0	0	1155	58475
3. CARASCO Title VICE PRESIDENT	PEDRO Status C	0	0	0	0	0
4. BORIELLO Title RECORDING SECY	JACQUEL Status C	0	0	0	0	0
5. KWASHEK Title TRUSTEE	RAY Status C	0	0	0	0	0
6. Title	First Name Status					
7. Title	First Name Status					
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		102043			2606	104649
				10. Less Deductions 22815		
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements 81834		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006-136

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>					
1.  Last Name: _____ First Name: _____  Position: _____  Name of Affiliated Organization: _____						
2.  Last Name: _____ First Name: _____  Position: _____  Name of Affiliated Organization: _____						
3.  Last Name: _____ First Name: _____  Position: _____  Name of Affiliated Organization: _____						
4.  Last Name: _____ First Name: _____  Position: _____  Name of Affiliated Organization: _____						
5.  Last Name: _____ First Name: _____  Position: _____  Name of Affiliated Organization: _____						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7						
9. Less Deductions						
Enter the Total from Line 10 in ..... Item 57 ⇨				10. Net Disbursements		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 006-136

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	PSSDC PENSION FUND	1570
2. MEDICAL INSURANCE	BLUE CROSS/BLUE SHIELD	14288
3. GROUP LIFE INSURANCE	NO. AMERICAN BENEFITS	470
4. PRESCRIPTION PLAN	GENERAL PRESCRIPTION	3951
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		20229
Enter the Total from Line 6		Item 63


# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. UFEW HARDSHIP FUND	
2. LOCALS 175,633	100
3. PASSIONIST MONASTERY	10
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	110
Enter the Total from Line 8 in	
Item 64	


# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	4968
2. TELEPHONE	2584
3. POSTAGE	1238
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	8790
Enter the Total from Line 8 in	
Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. BANK CHARGES CREDITED	370
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	370
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ORGANIZING MEETINGS	8049
2. SERVICES RENDERED	550
3. UNION DUES DEDUCTED	< 395 >
4. WITHDRAWAL LAB-PENSION	4302
5. BANK CHARGES	220
6. LABOR ORG. INS. BOND	1278
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	14004
Enter the Total from Line 17 in .....  Item 73	

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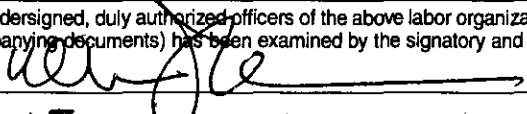
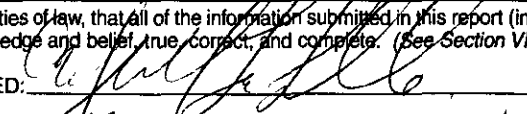
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5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 222-S	
7. UNIT NAME (if any) UFCW AFL-CIO			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes <input checked="" type="checkbox"/> No	

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 36	LOCAL 222-S MERGED WITH LOCAL 422-S - FILE # 006-147-EFFECTIVE OCTOBER 1, 2002 ALL ASSETS AND CASH TO BE TRANSFERRED FROM LOCAL 222-S TO LOCAL 422-S. ALL LIABILITIES OF LOCAL 222-S ARE TO BE ASSUMED BY LOCAL 422-S. ALL RECORDS WILL BE RETAINED BY PRODUCTION SERVICE + SALES DISTRICT COUNCIL, UFCW-AFL-CIO - ROBERT J. RAO PRESIDENT - AT 9201 4TH AVENUE, BROOKLYN, N.Y. 11209

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: 	PRESIDENT (If other title, see instructions.)	77. SIGNED: 	TREASURER (If other title, see instructions.)
01/15/03	(718) 791-4700	01/16/03	(718) 491-4700
Date	Telephone Number	Date	Telephone Number

**During the Reporting Period Did Your Organization:**

- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
10. Have a "subsidiary organization" as defined in Section X of the instructions? .....
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15. Discover any loss or shortage of funds or other property? .....  
(Answer "Yes" even if there has been repayment or recovery.)
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(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

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19. What is the date of your organization's next regular election of officers? MO YEAR
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ _____ per _____ (Month, Year, etc.)
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(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....
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